Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>6-7-2007</u>	Address:	446 E. 7th St
Case #:	<u>25F15612</u>		Portland, IN
County:	<u>Jay</u>		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			theck all that apply)
	onal Lab al/Glassware/Equipment (only) te (only)	□ Residence □ Outbuilding □ Vehicle	Hotel/Motel Open – No Structure Other;
_(check all th	nd: Location (bedroom, kitchen, open af at apply) /Ammonia Reaction(s):	r, etc)	
Red Pho	esphorous/Iodine Reaction(s): Reside	<u>nce</u>	
Flammable Solvents: Residence.			
Water Reactive Metal (Lithium);			
Anhydrous Ammonia:			
Hydroch	nloric Acid Gas Generator(s):		
Corrosiy	e Acid: Residence		
Corrosiv	c Base: Residence		
Other (it	em and location):		
Child under age 18 discovered (check one) Yes 2 (number present) No *If yes, fax report to Child Protective Services		Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:Law Enforcement	
This report	is to be faxed to the following agen	cies that serve the lo	cation:
Fire Departr	nent: Portland	Fax: <u>260-72</u>	
Health Department: Jay County		Fax: <u>260-726-2220</u> Fax: <u>260-726-8589</u>	
Child Protec	stion Service: Jay County	2 wai. = 00 12	
For further in Investigating	nformation regarding this methamphe g Officer: <u>Jeremy Woods</u> Phon	etamine laboratory, ed to <u>1-765-369-2561</u>	ontact

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.